

SOLODYN PA SUMMARY

PREFERRED	Doxycycline, Erythromycin, Minocycline regular-release (available in 50, 75, and 100 mg tablets and capsules), Tetracycline
NON-PREFERRED	Solodyn

LENGTH OF AUTHORIZATION: 3 months

NOTE: Solodyn and its generic are both non-preferred with PA required

PA CRITERIA:

- ❖ Approvable for members 12 years of age or older with moderate to severe acne

AND

- ❖ Submit documentation of trial and failure with at least one of the following: doxycycline, erythromycin, or tetracycline

AND

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the inactive ingredients in regular-release generic minocycline.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.